

## PART B - FEE(S) TRANSMITTAL

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06/16/2004

GARRISON ASSOCIATES  
2001 SIXTH AVENUE  
SUITE 3300  
SEATTLE, WA 981212522

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Stacia L. Goldsmith

(Depositor's name)

*Stacia L. Goldsmith*

(Signature)

August 31, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/619,655	07/14/2003	David Cyrus Johnson	NSU101	7625

TITLE OF INVENTION: MODULAR FLOATING SWIM PLATFORM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	09/16/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
SOTELO, JESUS D	3617	114-266000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Garrison &amp; Associates PS

David L. Garrison

William L. Haynes

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

North Sports, U.S.A

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

White Salmon, WA

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 4

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☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0684 (enclose an extra copy of this form).

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(Authorized Signature)

(Date) 8-31-2004

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09/07/2004 RHEBRAH1 00000134 10619655

01 FC:1504

300.00 DP

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